

FORM 4.

AFFIDAVIT ACCOMPANYING MOTION FOR  
PERMISSION TO APPEAL IN FORMA PAUPERIS

In Re:

Lester Eugene Siler and  
Jenny Siler

v.

]  
]  
]  
]  
]  
Case No.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. §§ 1746; 18 U.S.C. §§ 1621.)

Signed:



Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 2-18-08

My issues on appeal are: Petitioners seek a writ of mandamus to the District Judge to provide copies of the presentence reports of defendants after the District Court makes specific findings as to specific information in the reports that is privileged and redacts that information for the presentence reports released.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	_____	_____	_____	_____
Self-employment	_____	_____	_____	_____
Income from real property (such as rental income)	_____	_____	_____	_____
Interest and dividends	_____	_____	_____	_____
Gifts	_____	_____	_____	_____
Alimony	_____	_____	_____	_____
Child support	_____	_____	_____	_____
Retirement (such as social security, pensions, annuities, insurance)	_____	_____	_____	_____
Disability (such as social security, insurance payments)	_____	_____	_____	_____
Unemployment payments	_____	_____	_____	_____
Public-assistance (such as welfare)	285 Food Stamps	_____	_____	_____
Other (specify):	_____	_____	_____	_____
Total monthly income:	285.00	Food Stamps	_____	_____

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
Allied Techno	Anderson Co TN	2000	7.25 an hour
US Census Bureau	Jellico, TN	1	8.25 an hour plus mileage
_____	_____	_____	_____

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>			

4. How much cash do you and your spouse have? \$ - 0 -

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>N/A</u>			

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
<u>N/A</u>		

Make & year: \_\_\_\_\_  
Model: \_\_\_\_\_  
Registration #: \_\_\_\_\_

Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
<u>N/A</u>		

Make & year: \_\_\_\_\_  
Model: \_\_\_\_\_  
Registration #: \_\_\_\_\_

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>N/A</u>		

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>Susie Huddleston</u>	<u>Sister</u>	<u>32</u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	_____	_____
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Utilities (electricity, heating fuel, water, sewer, and telephone)	_____	_____
Home maintenance (repairs and upkeep)	_____	_____
Food	<u>Food Stamp</u>	_____
Clothing	_____	_____
Laundry and dry-cleaning	_____	_____
Medical and dental expenses	_____	_____
Transportation (not including motor vehicle expenses)	_____	_____
Recreation, entertainment, newspapers, magazines, etc.	_____	_____
Insurance (not deducted from wages or included in mortgage payments) Homeowner's or renter's	_____	_____
Life	_____	_____
Health	_____	_____
Motor vehicle	_____	_____
Other:	_____	_____
Taxes (not deducted from wages or included in mortgage payments) specify:	_____	_____
Installment payments	_____	_____
Motor Vehicle	_____	_____
Credit card (name):	_____	_____
Department store (name):	_____	_____
Other:	_____	_____
Alimony, maintenance, and support paid to others	_____	_____
Regular expenses for operation of business, profession, or farm (attach detail)	_____	_____
Other (specify):	_____	_____
Total monthly expenses:	_____	_____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes  No If yes, describe on an attached sheet.

10. Have you paid-or will you be paying-an attorney any money for services in connection with this case, including the completion of this form?

Yes  No If yes, how much? \$

If yes, state the attorney's name, address, and telephone number:

11. Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes  No If yes, how much? \$

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

13. State the address of your legal residence.

252 Church Street  
Jellico, TN 37762

Your daytime phone number: (423) 912-4281

Your age: 30 Your years of schooling: GED

Your social-security number: